Exhibit A

UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

No. MD-15-02641-PHX-DGC

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IN RE BARD IVC FILTERS PRODUCTS

LIABILITY LITIGATION

****

DO NOT DISCLOSE

SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

VIDEOTAPED DEPOSITION OF CLEMENT J. GRASSI, MD

Thursday, June 15, 2017

9:24 a.m.

Held At:

Nelson Mullins Riley & Scarborough LLP

One Post Office Square

Boston, Massachusetts

REPORTED BY:

Maureen O'Connor Pollard, RMR, CLR, CSR

and I have to try to think back over years of working with them, I have not retrieved a Bard recent device where I've seen a fracture, no.

THE VIDEOGRAPHER: Dr. Grassi, I'm getting some noise from the wire.

THE WITNESS: Sorry about that. Is that better?

THE VIDEOGRAPHER: That's great. It's just if you --

THE WITNESS: Thank you. Thanks for letting me know.

BY MR. ROTMAN:

Q. Have you ever implanted a Bard Recovery filter?

A. In the past, no, I don't believe I've used the Recovery personally.

Q. Have you ever implanted a Bard G2 filter?

A. Yes.

Q. How many?

A. I would have to only estimate. I would say ten to a dozen.

Q. And have you ever retrieved a Bard Recovery filter?

A. Yes. And perhaps one-third of the previous number?

Q. So the number would be what?

A. Say three to four filters, from memory.

Q. So you've retrieved about three Recoveries in your career?

A. Again, this would be based on memory from years back.

Q. You've implanted no Recoveries, and retrieved approximately three, from your memory, from years back, correct?

A. Well, I think you asked the question of me, if I'm correct, about G2 filters, is that true?

Q. Let's just make it clear since there's some confusion. Let's just talk about Recovery for now.

A. Okay.

Q. You've never implanted a Recovery filter, correct?

A. From memory, I don't remember Recovery. And I don't remember having retrieved a Recovery.

Q. Okay. So now let's go to the G2.

Have you implanted a G2; and if so, how many?

A. Yes. And again, it would be by memory an estimate. A dozen or more.

Q. And how many have you retrieved, if any?

A. By memory, four filters or more.

Q. And have you seen any fractures in any of the patients where you've either implanted or retrieved a G2?

MR. BROWN: Object to the form. Asked and answered.

A. I believe I answered that question. From memory, I don't remember having seen that.

BY MR. ROTMAN:

Q. And I understand you've never seen a fracture of a Bard Recovery filter in your own patients -- sorry. Strike that.

You have seen Recovery fractures from patients of other physicians in your hospital?

A. Well, of colleagues in general.

Q. Colleagues.

How many?

A. From memory, over the years, I can say that perhaps one or two cases were shown as examples by colleagues.

Q. Other than fracture, do you consider tilt to be a complication?

A. I consider tilt to be one aspect of many types of vena cava filters.

Q. I'm asking if you consider a tilt of any filter to be a complication.

A. I do not consider it to be a complication unless there is an adverse event with symptoms or signs in that particular patient.

Q. And do you consider a perforation to be a complication of an IVC filter?

A. A perforation, if it is of a moderate to severe nature, and where there are either adverse symptoms or signs in that patient would be considered a complication.

Q. So if there's no symptoms or signs in conjunction with a moderate to severe perforation, you do not consider that to be a complication of the filter?

A. I would say that specifically and in

the literature, penetration that is 3 millimeters or less is usually defined as different from perforation greater than 3 millimeters. So that if there were to be, for example, a moderate perforation but the patient had no adverse events, had no symptoms, we could say that that was an image-identified complication, but was not, obviously, a symptomatic complication for that patient because they had no adverse outcome.

Q. But you would consider it to be a complication of the device?

MR. BROWN: Object to form.

A. We could put it into that category, yes.

BY MR. ROTMAN:

Q. If it's a moderate to severe perforation without symptoms?

A. Correct, as compared to the more minor degree of a penetration.

Q. And have you ever seen a perforation of a Bard recovery filter?

A. I've seen them in cases, and displayed at medical meetings, and talked about with

colleagues.

Q. How many perforations of Bard Recovery filters have you seen?

A. Overall in the whole group?

Q. Bard Recovery.

A. Yes, in your question, Counselor, so that I can understand --

Q. How many Bard Recovery filter perforations have you seen?

A. When you say when I've seen, I assume you mean overall. And I would say that at scientific meetings, with colleagues, and just from practice experience, I have had a chance to see, that is see described, approximately five to six perforations.

Q. And how many in your own patients?

A. In my own patients, I remember one.

Q. So now we've got, I want to talk about -- do you consider a tilt without symptoms to be a complication of the device?

A. I do not consider that to be a complication because, as you know, tilt can be shown both in Bard devices and in other IVC filters, and may be of no clinical significance

for the patient.

Q. Well, that same explanation would apply to a fracture, correct?

A. It would if the fracture were identified by imaging alone, and the patient had no signs and no symptoms.

Q. So if you -- you would not consider that to be a complication of the device?

MR. BROWN: Object to the form.

A. To be fair to your question, I would consider that to be a complication which has been identified by imaging.

BY MR. ROTMAN:

Q. Yes.

And so, have you ever seen a Bard Recovery tilt complication?

MR. BROWN: Object to the form.

A. I have seen Bard Recovery filter tilting, yes.

BY MR. ROTMAN:

Q. How many times?

A. I would estimate approximately three times.

Q. Have you ever implanted a Bard G2X?

A. To be fair to your question, I would actually have to look back to records, because I don't hold that in memory, whether the particular filter was a G2X or a G2. And I would say that I really can't give you, to be fair, I can't give you an accurate answer to that question at this moment.

Q. Have you ever retrieved a G2X?

A. Really, the same answer to that.

Q. Have you ever implanted a Bard Eclipse?

A. Yes.

Q. How many?

A. For that filter, which is a more modern device, I would estimate 50 or more.

Q. About how many filters do you implant in a given year?

A. The number of filters will vary per year, as it does per month. For myself, it might be between 30 and 40 devices in a year, depending on the particular year.

Q. And that would be all filters, all manufacturers combined?

A. That's correct, all types.

Q. Do you know what period of time the Eclipse was on the market?

A. The Eclipse was on the market in the period around 2008 to 2009, and I could not give you an exact date range.

Q. Do you know what period of time, you know, whether it was a year or two years, three years, that the Eclipse was on the market?

A. Well, the Eclipse was not on the market, as I understand it, for a long period of time because there was the next iteration, the Meridian, that was introduced by Bard, and that filter was the device that we had subsequently used.

Q. So the answer to my question is? Was it one years, two years, three years, do you know?

A. For the Eclipse?

Q. Yes.

A. My impression from memory is that the Eclipse was in clinical use between a year and two years, as an estimate.

Q. In that one to two years where you would have implanted 30 to 40 filters of all

manufacturer types per year, you implanted 50 or more Eclipse devices?

MR. BROWN: Object to the form.

A. I'm sorry, I don't understand your question.

MR. ROTMAN: Could you reread it, please?

(Whereupon, the reporter read back the pending question.)

MR. BROWN: Same objection.

A. Well, I think that we're having a misunderstanding on the wording of the question. So when you had asked me how many Eclipse devices have you implanted, I gave you from memory an estimate number. Okay. And the exact number, to be fair, I would have to go back and check records.

BY MR. ROTMAN:

Q. Your estimate was 50. I didn't misstate that, right? That was what you testified as your estimate, right?

A. That was my approximation.

Q. And how many Eclipses have you retrieved?

A. Again, from memory as an approximation, eight or more filters.

Q. And have you ever had a patient with an Eclipse complication?

MR. BROWN: Object to the form.

A. Personally, no.

BY MR. ROTMAN:

Q. And have you ever implanted a Meridian?

A. By memory, and to the best of my recollection, yes.

Q. Approximately how many?

A. Again, the exact number would be something I would have to check records. I would say, as an estimate, 20 or more devices.

Q. What records would you be able to check to give you the information about the number of Meridians that you've implanted?

A. Well, that would be challenging, because one would have to go back to either medical records, specific patient records, or perhaps even consult the company if there were a product use invoice slip sent.

Q. How many Meridians have you retrieved?

A. Again, as an estimate, six or more devices.

Q. And have you ever seen a Meridian complication among your own patients?

MR. BROWN: Object to the form.

A. Personally, let's see, yes, I've seen a case in which in my own patients there was not a complication but there was, due to the indication for use in the superior vena cava, the arm processes not being in standard position within the vena cava.

BY MR. ROTMAN:

Q. Do you consider that to be a complication of the device?

MR. BROWN: Object to the form.

A. No, simply because the patient had severe embolus within the SVC, and was in a state where she might have died within the next two to four hours, and so the filter actually was lifesaving.

BY MR. ROTMAN:

Q. Have you ever implanted a Denali?

A. Yes.

Q. How many?

A. Again, as an estimate, 50 or more devices.

Q. And have you ever retrieved a Denali?

A. Yes. And I would say the estimate there would be six or more devices.

Q. And have you ever seen a Denali complication?

MR. BROWN: Object to the form.

A. Personally, no.

BY MR. ROTMAN:

Q. Have you ever conducted a study of the patients in any of the hospitals where you worked to assess the complications in IVC retrievable filters in those patient populations?

A. I've participated in studies with IVC permanent filters, but not retrievable ones.

Q. And have you ever proposed a study of retrievable filters in any of the hospitals in which you have been a staff radiologist to assess the status of the filters implanted in the patients in that institution?

MR. BROWN: Object to the form.

A. By the question, study, you're

Q. Are there any standards that you followed for making that assessment?

A. In terms of looking at filters overall, I get help from the guidelines published by Society of Interventional Radiology.

Q. Anything else?

A. Well, also literature and commentary from the ACR, that is American College of Radiology, in their publications.

Q. What standards did you use for weighing the evidence that you were evaluating?

A. I try to look at the evidence that is in the published literature according to the categories, that is whether the information is more reliable in various grades to less reliable.

For example, single case reports, letters to the editor, anecdotal reports would be considered lower levels of evidence. Single center studies in hospitals would be considered moderate. Multicenter studies would be considered moderate to high. And any study which would be a randomized prospective

multicenter trial would be the highest level of evidence as described in our literature and per our scientific committees, which would be considered more level 1 evidence.

Q. If you were interested in determining whether a patient who had an implanted Bard retrievable IVC filter had any -- had a fracture of that filter, what would be the best way for you to make that determination?

A. My own practice would be to image the patient either with plain film, fluoroscopy, or a CT scan possibly.

Q. And what would be the advantages of an abdominal non-contrast CT scan over other options?

A. Well, an abdominal non-contrast CT scan would, by the nature of the technology, create a 3D representation of the device. One could look at it not only in one plane, as would be the case with an abdominal radiograph, but reconstruct the image, and use window and leveling techniques to assist with determination if there's a fracture of the device.

Q. Do you ever use -- or do you ever

reproduce the same problem. That kind of proof for social and human and psychological reasons obviously is fraught with problems, because one would not want to take a defective device and introduce it into one of our brothers or sisters and create a problem in order to provide proof.

I would say that the type of proof that I look for is a convincing explanation where the scientific researcher identifies a problem, can show how and why it occurs, and then can demonstrate a very consistent pattern where the problem can be explained by the exact theory that he or she is proposing.

Q. You used the word "convincing." What does convincing mean?

A. Where there is really reliable and sound medical evidence behind it.

Q. Such that you would be -- to what level of certainty would you require for there to be convincing evidence?

A. I would say that in general, as I answered before, if one can identify a problem, define what the mechanism is, show a consistent pattern in animals, in human, and provide really

reproducible sound examples that show where that has occurred, those would be the factors that as a practicing physician I would look for.

MR. ROTMAN: I'm going to move to strike as non-responsive.

Q. I'm asking a very specific question about what level of certainty you require for something to meet the convincing standard that you're -- that you've referenced in your prior answer. So when I ask that question, what I mean is, 100 percent certain, 95 percent certain, more likely than not certain, possibly, probably, highly likely, these are all levels of -- ways to describe levels of certainty.

What level of certainty do you use in connection with your standard of looking for convincing evidence?

MR. BROWN: Object to the form. Asked and answered.

A. Well, I believe I've answered that, but I'll try your question again.

BY MR. ROTMAN:

Q. I gave you various options. Do any of those fit?